

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE						DDS/OL/LSD 7	
1. TITLE OF REPORT (If a fill-in report include Form No.) Report of Visual & Training Aides						2. TYPE OF REPORT STATISTICAL NARRATIVE MACHINE-NAME LISTING	
3. FUNCTIONAL AREA		PERSONNEL LOGISTICS MEDICAL		TRAINING SECURITY FINANCE		ADMIN. GENERAL OTHER (specify) Charts & photos	
4. NO. OF COPIES PREPARED Five		5. FREQUENCY (weekly, monthly, quarterly, etc.) Annually		6. DISTRIBUTION (No. of components not number of copies) O/Logistics, & Ch/LSD			
7. FORMAT (memorandum, form computer print-out, etc) Memo		8. ADP PROCESSING YES X NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT EO/Logistics			
10. PREPARING COMPONENT (include lowest level contributing information to report) O/Chief/LSD				11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)			
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS 12.5	7.75		1/4	=	1.96		1 1.96
GS 5.2	3.25		1/4	=	.81		1 .81
B. COSTS OF COMPUTER PRODUCED REPORTS							
1/2 TOTAL COSTS PER YEAR						2.77	
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT X RETAIN AS IS CHANGE DISCONTINUE						ESTIMATED SAVINGS MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 9 October 1970		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Reports Officer, LSD/OL				18. EXTENSION	